

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Dorothy F. Teeter, MHA, Interim Director and Health Officer

## CITY OF SEATTLE BACKFLOW PREVENTION ASSEMBLIES APPLICATION INFORMATION FORM

Permit No. - SR

(for department use only)

structions: Plea ermit will not be		-				lication. The
uilding owner:		1	11			
namy owner.	(person or com	pany name)				
illing address:						
•	(house #)	(unit #)	(city)		(state)	(zip code)
ntact person:				Phone:		
dress of installa	ation:					
	(ho	use #) (unit #)	(city)		(state)	(zip code)

